DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: META HOUSE RIVERWEST CAMPUS NORTH (310044)

Address: 2626 N BREMEN ST, MILWAUKEE, WI 53212

License Status: REGULAR

Licensed/Certified/Registered 04/01/1989

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0095826 End Date: 10/19/2005 Type: ABBREVIATED Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008294 Served 11/14/2005

Deficiencies Cited Subject Area Compliance

Verified

83.43(4)(b)3 BATTERY OPERATED AND 5 YEAR DELAY 83.43(5)(b) LICENSED BEFORE 1-1-97 REQUIREMENTS

ified Corrected

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Enforcement History

Date: 11/03/2005 SOD #10008294 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.